

## Wyoming Medicaid Clearinghouse/Billing Agent/Software Vendor Enrollment Form

Please type or block print the requested information as completely as possible. If any field is not applicable, please enter N/A. If you need extra space to answer any question, attach an additional page. **Do not use** white out or your application will be returned. If you make a mistake cross out the error, initial and print the correct information. An incomplete form may delay the approval of this application. Please direct questions to EDI Services at (800) 672-4959, press 3. **Please note: All fields must be completed in blue ink, and all signatures must be original – no copies, stamps, etc.**

I am a:            \_\_\_ Clearinghouse            \_\_\_ Billing Agent            \_\_\_ Software Vendor

Clearinghouse/Billing Agent/Software Vendor Information:

Clearinghouse/Billing Agent/Software Vendor Name	
Tax-ID	
Business Address	
City, State and Zip Code	
Telephone Number	
Fax Number	
Email Address	
Contact Person	
Contact Person Address	
Contact Person Phone Number	
Contact Person Email	

Additional Contact Person Information:

Contact Person	
Contact Person Address	
Contact Person Phone Number	
Contact Person Email	

If you are already submitting electronic transactions to Wyoming Medicaid, provide your Trading Partner ID: \_\_\_\_\_

Software Information (If Software Vendor or submitting in a way other than direct connect or Web Portal):

Software Name	
Software Version	
Transmission Protocol	

Delimiters (if other than standard)	Element (standard-*)	Segment (standard - ~)	Sub Element (standard - :)

Transactions:

Mark the transactions that will be submitted or received by the clearinghouse or software:

X	X12N 5010 999 Implementation Acknowledgement (required)	X	X12N 5010 277CA Claim Acknowledgement (required)
	X12N 5010 276/277 Health Care Claim Status Request and Response		X12N 5010 270/271 Health Care Eligibility Benefit Inquiry and Response
	X12N 5010 278 Health Care Services – Request for Review and Response; Health Care Services Notification and Acknowledgement (Prior Authorizations)		X12N 5010 837 Health Care Claim (Professional, Institutional, and Dental)
	X12N 5010 835 Health Care Claim Payment/Advice (Remittance Advice)		

Clearinghouses and Billing Agents:

All providers who wish to use the services of this clearinghouse must submit the Wyoming Medicaid Clearinghouse Authorization Form.

\*Complete and return these documents by mail to:

Wyoming Medicaid  
 Attn: EDI Services  
 PO Box 667  
 Cheyenne, WY 82003-0667

\*If accepted, a Trading Partner Agreement (TPA) will be emailed to the Contact Person Email provided. Once the completed TPA is received and processed, an EDI Welcome Letter will be emailed to the same address.